STATINA proved For Release 2001/07/28: CIA-RDP67B00820R000200120004-7 OSA - 4794-65 30 November 1965 STATINTL Contracting Officer To: STATINTL STATINTL Subj: Contract All engineering work is complete on Contract No inventions were made or reduced to practice on the program. Two copies of a final negative patent report, DD Form 882, are attached. Very truly yours, STATINTL Controller STATINTL Enclosure

## Арргекен Богі Release 2001/07/38 с 614-RDP67В00820R00020 ф120004,70004

(Pursuant to "Patent Rights" Contract Clause)

Budget Bureau No. 22-R160

## INSTRUCTIONS TO CONTRACTOR

This form may be used for INTERIM and FINAL reports, and when used shall be completed and forwarded to the Contracting Officer in triplicate.

An INTERIM report shall be submitted at least every twelve months, commencing with the date of the contract, and should include only those inventions and subcontracts for which complete information has not previously been reported. A FINAL report shall be submitted as soon as practicable after the work under the contract is complete and shall include (a) a summary of all inventions required by the contract to be reported, including all inventions previously reported and any inventions since the last INTERIM report; and (b) any required information for subcontracts which has not previously been reported.

I. NAME AND ADDRESS OF CONTRACTO		NITI		2. CONTRACT NUMBER			STATINTL	
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				a. INTERIM			X b. FINAL	
	NS ("Subject Inventions"	required to	be reported by	the "P	atent Rig	hts" cle	ouso)	{
. INVENTION DATA (check one)  [X] a. THERE W	 ERE NO INVENTIONS WHIC	H REASONAI	BLY APPEAR TO	D BE PA	TENTAB	LE		
D. LISTED BELOW ARE INVENTION HAVE NOT BEEN PREVIOUSLY	NS WHICH REASONABLY A SUBMITTED TO THE CON	PPEAR TO B	E PATENTABLE FFICER ARE AT	TACHE	INVENTI	ON DISCL	OSURES W	нісн
HAME OF INVENTOR TITLE OF INVEN		(III)  PATEN APPLICAT SERIAL NU AND CONT TOR'S DOCK		TION OR WILL UMBER U.S. PAT TRAC- APPLICA		FILED L FILE ATENT	ASSIGNMENT HAS BEEN FORWARD-	
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SECTIO	N II - SUBCONTRACTS (	Containing	a "Patent Right	ta" cla	use)	J		
S. LISTED BELOW IS INFORMATION RE						ol applica	ble, write"	Vone".)
NAME AND ADDRESS OF SUBCONTRACTOR		(II) SUBCONTRACT NUMBER		(III) DATE CLAUSE		DATE SUBCONTRACT COMPLETED		
NONE								
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CONTRACTOR CERTIFIES THAT IS CORRECT TO THE BEST OF THE	THIS REPORT OF INVE	NTIONS AN	D SUBCONTRA	CTS I	NCLUDII	NG ANY	ATTACHN	MENTS,
DATE NAME AND TITLE	E OF AUTHORIZED OFFIC	IAL (Print or	Type) SIGNATU	F				
30 Nov. 1965								